

MARICOPA COUNTY DEPARTMENT OF PUBLIC HEALTH SERVICES

APPLICATION FOR CERTIFIED COPY OF DEATH CERTIFICATE

NUMBER OF COPIES REQUESTED				\$10.00 EACH COPY	
VA (FREE)	FICA (FREE)	PERSONAL	TOTAL		
1. FULL NAME OF DECEASED		FIRST	MIDDLE	LAST	2. TODAY'S DATE
3. DATE OF DEATH		MONTH	DAY	YEAR	4. PLACE OF DEATH
				CITY OR TOWN	COUNTY
5. FUNERAL HOME				FOR OFFICE USE ONLY	
6. SIGNATURE OF APPLICANT				DATE ISSUED:	
7. RELATIONSHIP TO DECEASED				PERMIT # & SFN	
TELEPHONE NUMBER				DATE REGISTERED	
				Receipt # (Cash or Charge)	
YOUR NAME				DOC SERIAL # (BEGINNING)	
MAILING ADDRESS				DOC SERIAL # (ENDING)	
STREET OR P.O. BOX					
CITY AND STATE				Government ID, & Exp. Date	
ZIP CODE					

081-2516 R05-03 If applying in person, we are located at 1825 E. Roosevelt, Phoenix, Arizona 85006

MAKE CHECK PAYABLE TO AND MAIL TO: MARICOPA COUNTY DEPT. OF PUBLIC HEALTH SERVICES • Office of Vital Statistics • P.O. Box 2111 • Phoenix, AZ 85001 • (602)506-6805

SUBSCRIBED AND SWORN TO OR AFFIRMED BEFORE ME THIS _____ DAY OF _____ 20____

NOTARY'S SIGNATURE

MY COMMISSION EXPIRES: _____

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IF APPLYING IN PERSON, A VALID GOVERNMENT PICTURE ID IS REQUIRED

If mailing in your application & paying by check, a copy of a VALID GOVERNMENT PICTURE ID must be provided by the person signing; otherwise, the application may be notarized.

WARNING: False application for a death certificate is a punishable offense.

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